

Please type or print inside this box → ☐

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

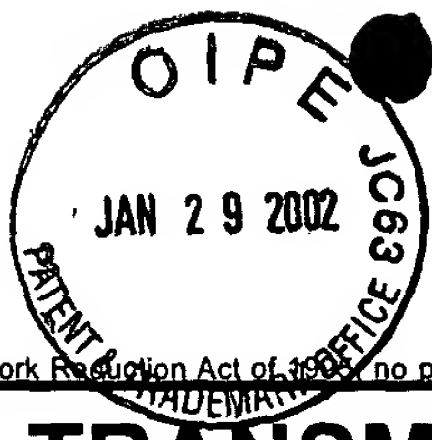
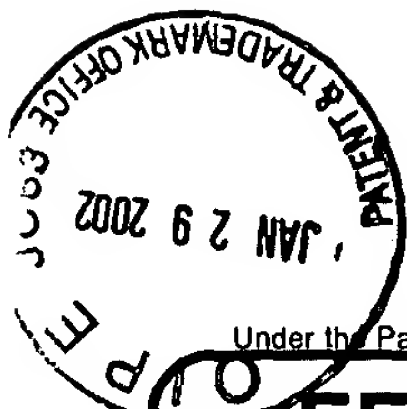
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/978,498	
	Filing Date	October 15, 2001	
	First Named Inventor	Adrian Clausell	
	Group Art Unit	1632	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	18 +	Attorney Docket Number	2055-181

(plus references)	ENCLOSURES	(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	D. David Hill
Signature	
Date	January 17, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1-17-02	
Typed or printed name	Joyce E. Davis
Signature	
Date	1-17-02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



RECEIVED

APR 12 2002

PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) -0-

Application Number 09/978,498

Filing Date October 15, 2001

First Named Inventor Adrian Clausell

Examiner Name Unknown

Group Art Unit 1632

Attorney Docket No. 2055-181

RECEIVED

JAN 31 2002

TECH CENTER 1600/2900

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				<b>3. ADDITIONAL FEES</b>			
<input checked="" type="checkbox"/> Deposit Account:				Large Entity   Small Entity			
Deposit Account Number: 02-1660				Fee Code   Fee (\$)			
Deposit Account Name: Beckman Coulter, Inc.				Fee Code   Fee (\$)			
The Commissioner is authorized to: (check all that apply)				Fee Description			
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments				Fee Paid			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Entity   Small Entity							
Fee Code   Fee (\$)							
101 740				201 370			
106 330				206 165			
107 510				207 255			
108 740				208 370			
114 160				214 80			
SUBTOTAL (1) (\$)							
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>							
Total Claims				Extra Claims			
Independent Claims				Fee from below			
Multiple Dependent				Fee Paid			
-20** =				X			
-3** =				X			
SUBTOTAL (2) (\$)							
Large Entity   Small Entity							
Fee Code   Fee (\$)							
103 18				203 9			
102 84				202 42			
104 280				204 140			
109 84				209 42			
110 18				210 9			
SUBTOTAL (3) (\$)							
*or number previously paid, if greater; For Reissues, see above							
*Reduced by Basic Filing Fee Paid							

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	D. David Hill	Registration No. (Attorney/Agent)	35,543
Signature	<i>D. David Hill</i>	Telephone	714/773-6969
		Date	1-17-02

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY

Page 1 of 2

DEC - 6 2001

UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/978,498	10/15/2001	APR 1632 2002	740	2055-181	11	95	3

22471  
BECKMAN COULTER INC  
4300 NORTH HARBOR BOULEVARD  
P O BOX 3100  
FULLERTON, CA 928343100

TECH CENTER 1600/2900



CONFIRMATION NO. 4848

FILING RECEIPT



RECEIVED

JAN 31 2002

Date Mailed: 11/30/2001

TECH CENTER 1600/2900

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Adrian Clausell, San Diego, CA;  
Jirong Gu, Irvine, CA;  
Parameswara Meda Reddy, Brea, CA;

**Domestic Priority data as claimed by applicant**

**Foreign Applications**

**If Required, Foreign Filing License Granted 11/16/2001**

**Projected Publication Date:** To Be Determined - pending completion of Corrected Papers

**Non-Publication Request:** No

**Early Publication Request:** No

**Title**

Methods and reagents for improved cell-based assays

**Preliminary Class**

435